

Express Mail Label No. **EV 507752493 US**

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: ZHANG

APPLICATION No.: 10/814,703

FILED: MARCH 30, 2004

FOR: **LIPID PARTICLES HAVING ASYMMETRIC LIPID
COATING AND METHOD OF PREPARING SAME**

EXAMINER: GARVEY, T.

ART UNIT: 1636

CONF. NO: 7218

Communication

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

On June 14, 2005, the Examiner contacted the undersigned to request Applicant send a copy of the Amendment previously submitted on February 17, 2005.

Apparently the original copy has not been matched with the file or has been misplaced.

Accordingly, enclosed are:

1. a copy of the return postcard bearing the U.S. PTO stamp indicating receipt of Applicant's original submission on February 17, 2005;
2. a copy of the original February 17, 2005 submission, including the transmittal, fee transmittal, Amendment Under 37 C.F.R. 1.111, an Information Disclosure Statement and Form 1449 and MPEP 609D Form, and the cited references; and
3. a copy of the Express Mail label bearing a February 17, 2005 date stamp from the U.S. Postal Service.

If the Examiner has any questions or believes a telephone conference would expedite prosecution of this application, the Examiner is encouraged to call the undersigned at (650) 564-2867.

Respectfully submitted,

Date: June 14, 2005

Judy M. Mohr
Attorney for Applicants
Judy M. Mohr, Reg. No.: 38,563

Correspondence Address:
Customer No.: 27777



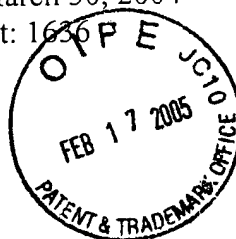
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Docket No.: ARC 3079 R1

Mailing Date: February 17, 2005

Inventors: Yuanpeng Zhang
Serial No.: 10/814,703
Examiner: Tara L. Garvey

Filing Date: March 30, 2004
Group Art Unit: 1636



Enclosures:

1. Return Receipt Postcard;
2. Transmittal Form (1 page);
3. Fee Transmittal Form (1 page.);duplication
4. Response & Amendment under Rule 1.111 (12 pages);
5. IDS (3pages)
6. PTO-SB-08A (1449 Form) (2 pages)
7. MPEP 609D Form (1 page)
8. References AL - AU (11 refs)

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PATENT DEPT.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

Application Number	10/814,703
Filing Date	March 30, 2004
First Named Inventor	Yuanpeng Zhang
Examiner Name	Tara L. GARVEY
Art Unit	1636
Attorney Docket No.	ARC 3079 R1

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 10-0750 Deposit Account Name: Johnson & Johnson

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

EXCESS CLAIM FEE				Fee (\$)	Fee (\$)
Fee Description					
Each claim over 20 (including Reissues)				50	25
Each independent claim over 3 (including Reissues)				200	100
Multiple dependent claims				360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
18 - 20 or HP =	0	x 0	=	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
2 - 3 or HP =	0	x 0	=		
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	250.00	0.00

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x 250.00 = 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

Fees Paid (\$)

180.00

SFR
67644**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	37,265	Telephone	650-564-7054
Name (Print/Type)	Philip S. Yip	Date	February 17, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

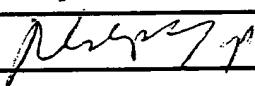
Total Number of Pages in This Submission

Application Number	10/814,703
Filing Date	March 30, 2004
First Named Inventor	Yuanpeng Zhang
Art Unit	1636
Examiner Name	Tara L. GARVEY
Attorney Docket Number	ARC 3079 R1

ENCLOSURES (Check all that apply)

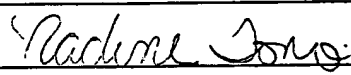
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 1. Return Receipt postcard; 2. Transmittal form (this sheet, 1 pg.); 3. Fee Transmittal (1 pg., in duplicate); 4. Response/Amendment under Rule 1.111 (12 pp.); 5. Information Disclosure Statement (2 pp.); 6. MPEP 609D Form (1 pg.); and 7. References AL - AV (11 references).		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ALZA Corporation		
Signature			
Printed name	Philip S. Yip		
Date	2-17-2005	Reg. No.	37,265

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Nadine Tono	Date	02/17/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery	Flat Rate Envelope		Delivery Attempt	Time	Employee Signature	
16701	<input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	<input type="checkbox"/> Postage		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Date in				Delivery Attempt	Time	Employee Signature	
Mo. Day Year	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	\$		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Time in	Military	Return Receipt Fee		Delivery Date	Time	Employee Signature	
Mo. Day Year	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day			Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Weight	Int'l Alpha Country Code	COD Fee		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.			
lbs. ozs.	Acceptance Clerk Initials	Total Postage & Fees		<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
No Delivery		\$		Customer Signature			
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No. 940714				Federal Agency Acct. No. or Postal Service Acct. No.			
FROM: (PLEASE PRINT) ALBA CORP 1950 CHARLESTON RD BLDG W10-38 MOUNTAIN VIEW CA 94043-1218 PHONE 504 4180				TO: (PLEASE PRINT) Mail Stop Amos COMMISSIONER PO BOX 1450 ALEXANDRIA VA 22313-1450 PHONE 703 222-2205 FEB 17 2005 UPS			
PRESS HARD. You are making 3 copies.				FOR PICKUP OR TRACKING CALL 1-800-222-1811 WWW.USPS.COM			

SanJose
 SanJose, California
 951019713
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 (800)275-8777 06:47:21 PM

Sales Receipt
 Product Description Qty Unit Price Final Price
 ALEXANDRIA VA 22313 Express Mail PO-ADD \$21.05
 Serial Number EV324304676US
 2nd Day 3PM / Normal
 Delivery
 Paid by account: \$21.05
 EMCA account number: 940714

Total: \$0.00
 Paid by:

Bill#: 1000701607656
 Clerk: 01

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 Refunds for guaranteed services only.
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